

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3372

State File No. 42-60

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 106

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town South Affton (R 14 Box 1325)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 14 Box 1325  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Two Years  
years, months or days)

3. (a) PRINT FULL NAME Sophia Conrad

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Conrad 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 18 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 25 ..hr. min.

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Unknown Bauer

13. Birthplace Germ-ny 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Schneider

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ralph Mark

(b) Address South Affton Mo

17. (a) Burial (b) Date thereof Jan 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home

(b) Address 1936 St. Louis Ave

19. (a) JAN 15 1943 (b) E. H. McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town South Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No Route 14 Box 1325  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13  
year 1943 hour 7 PM minute..... M.

21. I hereby certify that I attended the deceased from 5 19 43 to 1-13 19 43

that I last saw her alive on 1-12 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 9 days  
(Hernia)

Due to constriction in large intestine 8 yrs.

Due to.....

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

23. Signature Walter Kelley (M. D. or other) MD

Address 9915 Lianois Date signed 1/13/43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Helix J. Kispin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**